

SENATE BILL 705

C3
SB 665/10 – FIN

11r2013

By: **Senators Klausmeier, Astle, and Pipkin**
Introduced and read first time: February 4, 2011
Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Dental Provider Contracts – Prohibited Provision**

3 FOR the purpose of prohibiting a carrier from including in a dental provider contract a
4 provision that requires a dental provider to provide certain services; defining a
5 certain term; providing for the application of this Act; and generally relating to
6 dental provider contracts.

7 BY repealing and reenacting, without amendments,
8 Article – Insurance
9 Section 15–112.2(a)
10 Annotated Code of Maryland
11 (2006 Replacement Volume and 2010 Supplement)

12 BY adding to
13 Article – Insurance
14 Section 15–112.2(g)
15 Annotated Code of Maryland
16 (2006 Replacement Volume and 2010 Supplement)

17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
18 MARYLAND, That the Laws of Maryland read as follows:

19 **Article – Insurance**

20 15–112.2.

21 (a) (1) In this section the following words have the meanings indicated.

22 (2) “Capitated dental provider panel” means a provider panel for one
23 or more dental plan organizations offering contracts only for dental services
24 reimbursed on a capitated basis for certain services.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.



1 (3) “Carrier” means:

2 (i) an insurer;

3 (ii) a nonprofit health service plan;

4 (iii) a health maintenance organization; or

5 (iv) a dental plan organization.

6 (4) “Enrollee” means a person entitled to health care benefits from a
7 carrier.

8 (5) “Fee-for-service dental provider panel” means a provider panel for
9 one or more dental plan organizations, insurers, or nonprofit health service plans
10 offering contracts only for dental services reimbursed on a full or discounted
11 fee-for-service basis.

12 (6) “HMO provider panel” means a provider panel for one or more
13 health maintenance organizations.

14 (7) “Managed care organization” has the meaning stated in § 15-101
15 of the Health – General Article.

16 (8) “Non-HMO provider panel” means a provider panel for one or
17 more nonprofit health service plans or insurers.

18 (9) “Provider” has the meaning stated in § 19-701 of the
19 Health – General Article.

20 (10) “Provider contract” means a contract:

21 (i) between a provider and a carrier, an affiliate of a carrier, or
22 an entity that contracts with a provider to serve a carrier; and

23 (ii) under which the provider agrees to provide health care
24 services to enrollees.

25 (11) “Provider panel” means the providers that contract either directly
26 or through a subcontracting entity with a carrier to provide health care services to
27 enrollees.

28 **(G) (1) IN THIS SUBSECTION, “COVERED SERVICE” MEANS A HEALTH**
29 **CARE SERVICE THAT IS REIMBURSABLE UNDER A POLICY OR CONTRACT FOR**
30 **DENTAL SERVICES BETWEEN AN ENROLLEE AND A CARRIER, SUBJECT TO ANY**

1 CONTRACTUAL LIMITATIONS ON BENEFITS, INCLUDING DEDUCTIBLES,
2 COPAYMENTS, OR FREQUENCY LIMITATIONS.

3 (2) A CARRIER MAY NOT INCLUDE IN A DENTAL PROVIDER
4 CONTRACT A PROVISION THAT REQUIRES A DENTAL PROVIDER TO PROVIDE
5 SERVICES THAT ARE NOT COVERED SERVICES AT A FEE SET BY THE CARRIER.

6 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
7 dental provider contracts issued, renewed, or amended in the State on or after October
8 1, 2011.

9 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
10 October 1, 2011.